

The Mississippi Legislature

Joint Committee on Performance Evaluation and Expenditure Review
PEER Committee

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James A. Barber
Executive Director

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**WAIVER AND AUTHORIZATION TO RELEASE CONFIDENTIAL TAXPAYER INFORMATION
TO THE JOINT COMMITTEE ON PERFORMANCE EVALUATION AND EXPENDITURE REVIEW**

The information requested in this release is authorized as part of the background check for an individual's potential appointment to a government position.

Name of Taxpayer: _____

Street Address: _____

City: _____ State: _____

Mississippi taxpayer identification number: _____
(Social Security Number and/or FEIN)

Pursuant to Miss. Code Ann. §§ 27-3-83(6) and 27-7-83(3)(d), the above named taxpayer hereby waives the confidentiality provisions of Miss. Code Ann. §§ 27-3-73, 27-7-83, 27-13-57, and 27-65-81, as follows:

A. Taxpayer authorizes the Mississippi Department of Revenue and its employees to provide responses to the following requests:

1. Does the taxpayer have any current balance due to the Mississippi Department of Revenue? _____ If yes, please attach schedule of all taxes that the taxpayer currently owes a balance. Information to be Included: Tax Type, Periods, Amount Due, Status of Amount Due (Assessed, Under Appeal, Finally Determined Liability).

2. Did the taxpayer ever have any finally determined tax liability due to the Mississippi Department of Revenue or its predecessor the Mississippi State Tax Commission previously enrolled as a lien? _____ If yes, please attach a schedule of all such liens.

3. Is the taxpayer currently in compliance with all laws that the Department of Revenue administers? _____ If no, please attach an explanation as to how the taxpayer is not in compliance.

B. Taxpayer authorizes the release of the information identified above to:

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C. Taxpayer acknowledges that the Department is authorized to release any and all taxpayer information that the Department believes in good faith to be related to the above referenced request to the person identified in paragraph B. above.

D. This waiver and authorization to release confidential taxpayer information shall be effective until compliance with the above referenced request has been made. Upon such compliance, this waiver and authorization to release confidential taxpayer information shall terminate and shall no longer be effective.

INSTRUCTIONS FOR SIGNING

The taxpayer must sign this waiver and authorization. In the case of a return of an individual, that individual must sign this form. In the case of an income tax return filed jointly, this form must be signed by either of the individuals with respect to whom the return is filed.

This the _____ day of _____, 20 _____.

_____Signature

_____Capacity

ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20____, within my jurisdiction, the within named _____, who acknowledged that he/she executed the above and foregoing instrument after having been duly authorized so to do.

_____ Notary Public

My Commission Expires: _____

(SEAL)